02-11-06

PART B - FEE(S) TRANSMITTAL

4 ETD () 9 2005	this form, together with		on Fox	(702) 746 4000	or Patents ginia 22313-1450	hould be completed where	
appropriate. All further of indicated unless corrected	respondence including the local below or directed otherwise	Patent, advance ord in Block 1, by (a)	ders and notification) specifying a new	of maintenance fees correspondence address	uired). Blocks I through 5 si will be mailed to the current s; and/or (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDEN	ORS. CE ADDRESS (Note: Use Block 1 for 12/10/2004	any change of address)		Note: A certificate of Fee(s) Transmittal, T	f mailing can only be used for his certificate cannot be used if hal paper, such as an assignment te of mailing or transmission.	or domestic mailings of the	
Poulsen Roser Pa 620 South Front Si Central Point, OR 2/14/2005 MBERHE1 000	acific, Inc. treet 97502			· •	ertificate of Mailing or Trans this Fee(s) Transmittal is being with sufficient postage for fire iil Stop ISSUE FEE address PTO (703) 746-4000, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.	
1 FC:2503 2 FC:1504	550.00 OP 300.00 OP			Denies Dem 9 Zer	eae pahl	(Depositor's name) (Signature) (Date)	
APPLICATION NO.	FILING DATE	I	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/812,715 TITLE OF INVENTION: F	03/29/2004 FLORIBUNDA ROSE PLAN	T NAMED' POUL	L. Permille Olese CS015'	en	POULCS015	2132	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$550		\$300	\$850	03/10/2005	
EXAN	MINER	ART UNI	íT (C	CLASS-SUBCLASS]		
HWU, JUNE		1661		PLT-148000			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PLEASE NOTE: Unless	D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee d	data will appear on	the patent. If an assign	nee is identified below, the de	ocument has been filed for	
(A) NAME OF ASSIGN POU/SE/	n Roser A	7/s	RESIDENCE: (CIT	TY and STATE OR CO	Denmark	_	
					Corporation or other private gro	oup entity Government	
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5. Change in Entity Status	s (from status indicated above)	Deposit Account Nu	ımber		opy of this form).	
The Director of the USPTO		ie Fee and Publicati	ion Fee (if any) or to		sly paid issue fee to the applications or the strong or agent; or the	10/1/	
Authorized Signature	Demise	. Dak	<u>l</u>	Date	9 February	J-2005	
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an application. Confidentiality is governed by 35 U.S.C. 122 and 3/ CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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		Application Number	10/812,715						
TRANSMITTAL		Filing Date	03/29/2004						
FORM		First Named Inventor	L. Pernille Olesen						
(to be used for all correspondence after initial filing)		Art Unit	1661						
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Total Number of Pages in This Submission	3	7 Morney Booket Humbon	Poulcs015						
	ENCLOSURES (Check all that apply)								
			After Allowance communication						
Fee Transmittal Form	<u> </u>	Drawing(s)	to Group						
Fee Attached		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences						
	$\overline{\Box}$	Petition	Appeal Communication to Group						
Amendment/Reply		Petition to Convert to a	(Appeal Notice, Brief, Reply Brief)						
After Final		Provisional Application	Proprietary Information						
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Addre	Status Letter						
Extension of Time Request	\Box	Terminal Disclaimer	Other Enclosure(s) (please Identify below):						
	\equiv		\$850 Check for Issue/Publication fee						
Express Abandonment Request	:	Request for Refund	Return Receipt Postcard						
Information Disclosure Statement		CD, Number of CD(s)							
Certified Copy of Priority	Remai								
Document(s)	US Po	US Post Office Express Mail No. EV 374 923 615 US							
Response to Missing Parts/									
Incomplete Application									
Response to Missing Parts under 37 CFR 1.52 or 1.53									
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	UREC	F APPLICANT, ATTORNE	EY, OR AGENT						
Firm Poulsen Roser Pacifi	ic Inc								
Individual name	10, IIIC.	4.0							
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I hereby certify that this correspondence is be sufficient postage as first class mail in an envi the date shown below.	ing facsi elope ad	mile transmitted to the USPTO or dressed to: Commissioner for Pate	deposited with the United States Postal Service with ents, P.O. Box 1450, Alexandria, VA 22313-1450 on						
Typed or printed name Deniese Dal	hl								
Signature	~	Dall O	Date 921 05						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. ADEMA Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) 10/812,715 Application Number FEE TRANSMITTA Filing Date 03/29/2004 For FY 2005 L. Pernille Olesen First Named Inventor **Examiner Name** June Hwu Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1661 TOTAL AMOUNT OF PAYMENT 850.00 Poulcs015 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card None Other (please identify): Money Order Deposit Account Name: Poulsen Roser Pacific Inc ✓ Deposit Account Deposit Account Number: 501828 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 200 130 Design 100 100 50 65 200 160 Plant 100 300 80 150 300 500 600 300 Reissue 150 250 Provisional 200 100 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or frac Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** / 50 = (round up to a whole number) x

SUBMITTED BY	10	0 40		
Signature	Demese	Sall	Registration No. (Attorney/Agent)	Telephone 541-245-8050
Name (Print/Type)	Deniese Dahl			Date 9 del. OS

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Issue Fee \$550 and Publication Fee \$300

Fees Paid (\$)

850

4. OTHER FEE(S)

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